

County: Manitowoc
 MANITOWOC HEALTH CARE CENTER
 4200 CALUMET AVENUE

Facility ID: 5320

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MANITOWOC 54220 Phone: (920) 683-4100

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 165

Total Licensed Bed Capacity (12/31/00): 165

Number of Residents on 12/31/00: 149

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 156

County

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		32.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.7	Under 65	17.4	More Than 4 Years		49.7
Day Services	No	Mental Illness (Org./Psy)	40.9	65 - 74	16.8			-----
Respite Care	No	Mental Illness (Other)	28.9	75 - 84	31.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.7	85 - 94	30.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	3.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.7		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	4.7	65 & Over	82.6	-----		
Transportation	No	Cerebrovascular	8.1	-----	-----	RNs		11.4
Referral Service	No	Diabetes	0.7	Sex	%	LPNs		5.9
Other Services	No	Respiratory	2.0	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	10.7	Male	41.6	Aides & Orderlies		
Mentally Ill	Yes	-----	-----	Female	58.4			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	100.0	\$280.00	1	0.7%
Skilled Care	2	100.0	\$263.70	107	87.7	\$98.31	2	100.0	\$113.69	22	100.0	\$135.00	0	0.0	\$0.00	133	89.3%
Intermediate	---	---	---	13	10.7	\$81.03	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	13	8.7%
Limited Care	---	---	---	1	0.8	\$69.50	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.7%
Personal Care	---	---	---	1	0.8	\$55.09	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.7%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		122	100.0		2	100.0		22	100.0		1	100.0		149	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing	% Totally	Total
Percent Admissions from		Activities of	%	Assistance of	Dependent	Number of
Private Home/No Home Health	5.2	Daily Living (ADL)	Independent	One Or Two Staff		Residents
Private Home/With Home Health	3.4	Bathing	13.4	42.3	44.3	149
Other Nursing Homes	5.2	Dressing	27.5	38.9	33.6	149
Acute Care Hospitals	84.5	Transferring	40.9	34.9	24.2	149
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	33.6	34.9	31.5	149
Rehabilitation Hospitals	0.0	Eating	64.4	19.5	16.1	149
Other Locations	1.7	*****				
Total Number of Admissions	58	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.7	Receiving Respiratory Care		1.3
Private Home/No Home Health	5.6	Occ/Freq. Incontinent of Bladder	51.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	9.7	Occ/Freq. Incontinent of Bowel	44.3	Receiving Suctioning		0.0
Other Nursing Homes	1.4			Receiving Ostomy Care		0.0
Acute Care Hospitals	27.8	Mobility		Receiving Tube Feeding		2.0
Psych. Hosp. -MR/DD Facilities	1.4	Physically Restrained	8.7	Receiving Mechanically Altered Diets		44.3
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	54.2	With Pressure Sores	6.0	Have Advance Directives		94.6
Total Number of Discharges		With Rashes	22.1	Medications		
(Including Deaths)	72			Receiving Psychoactive Drugs		66.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility			100- 199		Skilled		Facilities	
	%	Peer Group	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.5	86.7	1.09	86.4	1.09	87.0	1.09	84.5	1.12
Current Residents from In-County	96.0	58.7	1.63	79.8	1.20	69.3	1.38	77.5	1.24
Admissions from In-County, Still Residing	41.4	28.8	1.44	23.8	1.74	22.3	1.85	21.5	1.92
Admissions/Average Daily Census	37.2	57.6	0.64	109.7	0.34	104.1	0.36	124.3	0.30
Discharges/Average Daily Census	46.2	61.8	0.75	112.2	0.41	105.4	0.44	126.1	0.37
Discharges To Private Residence/Average Daily Census	7.1	17.2	0.41	40.9	0.17	37.2	0.19	49.9	0.14
Residents Receiving Skilled Care	89.9	82.5	1.09	90.3	1.00	87.6	1.03	83.3	1.08
Residents Aged 65 and Older	82.6	88.2	0.94	93.9	0.88	93.4	0.88	87.7	0.94
Title 19 (Medicaid) Funded Residents	81.9	80.0	1.02	68.7	1.19	70.7	1.16	69.0	1.19
Private Pay Funded Residents	14.8	16.8	0.88	23.2	0.64	22.1	0.67	22.6	0.65
Developmentally Disabled Residents	0.7	0.9	0.79	0.8	0.87	0.7	0.94	7.6	0.09
Mentally Ill Residents	69.8	48.7	1.43	37.6	1.86	37.4	1.87	33.3	2.09
General Medical Service Residents	10.7	17.6	0.61	22.2	0.48	21.1	0.51	18.4	0.58
Impaired ADL (Mean)	47.1	43.1	1.09	49.5	0.95	47.0	1.00	49.4	0.95
Psychological Problems	66.4	59.3	1.12	47.0	1.41	49.6	1.34	50.1	1.33
Nursing Care Required (Mean)	9.5	7.2	1.32	7.2	1.31	7.0	1.35	7.2	1.33